



Practitioner's Docket No. AHS-15

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Dennis R. Trumble
Application No.: 09/982,666
Filed: 10/18/2001
For: MUSCLE ENERGY CONVERTER

Group No.: 3762
Examiner: Joseph Machuga

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is a small entity. A statement was already filed.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for two months:

Fee: \$210.00

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CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10*
(When using Express Mail, the Express Mail label number is *mandatory*;
Express Mail certification is optional.)

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

X deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

37 C.F.R. § 1.8(a)

X with sufficient postage as first class mail.

37 C.F.R. § 1.10*

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TRANSMISSION

☐ facsimile transmitted to the Patent and Trademark Office, (703) _____

Tracey L. Milka
Signature

Date: 7/16/04

Tracey L. Milka

(type or print name of person certifying)

* Only the date of filing (§ 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under § 1.8 continues to be taken into account in determining timeliness. See § 1.703(f). Consider "Express Mail Post Office to Addressee" (§ 1.10) or facsimile transmission (§ 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY			
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE		
TOTAL	11	— 20	= 0	x \$ 9.00	= \$	0.00	
INDEP.	3	— 3	= 0	x \$ 43.00	= \$	0.00	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM+				\$ 0.00	= \$	0.00	
TOTAL ADDIT. FEE					\$	0.00	

No additional fee for claims is required.

FEE PAYMENT

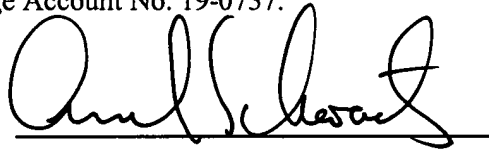
5. Attached is a check in the sum of \$210.00.

A duplicate of this paper is attached.

FEE DEFICIENCY

6. If an additional extension and/or fee is required, charge Account No. 19-0737.

If an additional fee for claims is required, charge Account No. 19-0737.



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